

APPROVED FOR
RELEASE DATE:
10-Nov-2008

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(b)(3)

APPLICATION FOR RETIREMENT

CIA RETIREMENT AND DISABILITY SYSTEM

To avoid delay—1. Read information carefully; 2. Complete application in full; 3. Typewrite or print in ink

A. PERSONAL INFORMATION

1. NAME MR. MRS. MISS CARANCI	(Last)	(First) John	(Middle) C	2. DATE OF BIRTH (Month) (Day) (Year) Feb 7 1922	3. SOCIAL SECURITY NUMBER 										
4. ADDRESS (Number and street) (City and State) (Zip Code) CORRES: 64 Eddi Street Centredale, Rhode Island 02911 CHECKS: Same as Correspondence															
5. (A) ARE YOU MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. (B) IF "YES," GIVE THE FOLLOWING INFORMATION: <table><tr><td>WIFE'S OR HUSBAND'S NAME (First) (Middle)</td><td>HER (OR HIS) BIRTH DATE (Month) (Day) (Year)</td><td>DATE OF MARRIAGE (Month) (Day) (Year)</td><td colspan="2">ADDRESS OF SPOUSE IF DIFFERENT FROM ITEM 4</td></tr><tr><td></td><td></td><td></td><td colspan="2"></td></tr></table>				WIFE'S OR HUSBAND'S NAME (First) (Middle)	HER (OR HIS) BIRTH DATE (Month) (Day) (Year)	DATE OF MARRIAGE (Month) (Day) (Year)	ADDRESS OF SPOUSE IF DIFFERENT FROM ITEM 4						
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B. CIVILIAN SERVICE

1. OFFICE OF ASSIGNMENT DDP	2. SERVICE DESIGNATION 	3. LOCATION OF EMPLOYMENT (City and State) Washington, D. C.
4. TITLE OF LAST POSITION Devel. & Eng. Technologist	5. DATE OF FINAL SEPARATION (Month) (Day) (Year) 	6. APPROXIMATE NUMBER OF YEARS OF CIVILIAN SERVICE
7. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. ARE YOU ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. MILITARY SERVICE

1. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961. IF AVAILABLE, ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE.

BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.)
U. S. Army	31182993	17 Oct 42	5 Feb 46	T5	

2. (A) ARE YOU A MILITARY RE-SERVIST (EITHER ACTIVE OR INACTIVE)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. (B) ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? (RETIRED PAY DOES NOT INCLUDE V.A. PENSION OR COMPENSATION.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. (C) IF "YES," WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, U.S.C. (FORMERLY TITLE III, PUBLIC LAW 80-810)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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D. DISABILITY INFORMATION

Only applicants for total disability retirement will complete Part D.	1. WHEN DID YOU BECOME TOTALLY DISABLED? (Month, year)
2. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN INCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER IF NECESSARY.) 	

E. OTHER CLAIM INFORMATION

1. (A) HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? Will Apply <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1. (B) IF "YES," STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION <table><tr><td>CLAIM NUMBER</td><td>FROM (Month) (Day) (Year)</td><td>TO (Month) (Day) (Year)</td></tr><tr><td></td><td></td><td></td></tr></table>		CLAIM NUMBER	FROM (Month) (Day) (Year)	TO (Month) (Day) (Year)			
CLAIM NUMBER	FROM (Month) (Day) (Year)	TO (Month) (Day) (Year)						
2. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. (B) IF "YES," INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN <table><tr><td><input type="checkbox"/> RETIREMENT</td><td><input type="checkbox"/> DEPOSIT OR REDEPOSIT</td><td rowspan="2">CLAIM NUMBER(S)</td></tr><tr><td><input type="checkbox"/> REFUND</td><td><input type="checkbox"/> VOLUNTARY CONTRIBUTIONS</td></tr></table>		<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> DEPOSIT OR REDEPOSIT	CLAIM NUMBER(S)	<input type="checkbox"/> REFUND	<input type="checkbox"/> VOLUNTARY CONTRIBUTIONS	
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3. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIA RETIREMENT & DISABILITY SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, PURCHASE OF SERVICE CREDIT, OR VOLUNTARY CONTRIBUTIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. (B) IF "YES," INDICATE THE TYPE(S) OF APPLICATION: <table><tr><td><input type="checkbox"/> RETIREMENT</td><td><input type="checkbox"/> PURCHASE OF SERVICE CREDIT</td></tr><tr><td><input type="checkbox"/> REFUND</td><td><input type="checkbox"/> VOLUNTARY CONTRIBUTIONS</td></tr></table>		<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> PURCHASE OF SERVICE CREDIT	<input type="checkbox"/> REFUND	<input type="checkbox"/> VOLUNTARY CONTRIBUTIONS		
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<input type="checkbox"/> REFUND	<input type="checkbox"/> VOLUNTARY CONTRIBUTIONS							
4. (A) HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. (B) IF "YES," GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM Civil Service System							

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INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

1. ☐ INITIALS **ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER**

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

\$ THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

- If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.
- The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.
- If you retire for total disability before age 60 and get a guaranteed minimum disability annuity, you may use all or any part of your "earned" annuity as the base for the survivor benefit. You cannot use any extra annuity which may be payable to make up the guaranteed minimum annuity.
- If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
- The survivor's annuity will begin upon your death and end when she (or he) dies or remarries.

2. ☐ INITIALS **ANNUITY WITHOUT SURVIVOR BENEFIT**
(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

- If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.
- This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

1. ☐ INITIALS **ANNUITY WITHOUT SURVIVOR BENEFIT**

- If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.
- This type provides annuity payments to you only.

2. ☐ INITIALS **ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST**

SPECIFY THE NAME, RELATIONSHIP AND DATE OF BIRTH OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY

NAME OF PERSON (First, middle, last)

RELATIONSHIP

DATE OF BIRTH (Mo., day, yr.)

SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.

- This type is available to all retiring *unmarried* employees who are in good health.
- It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.
- The survivor's annuity will begin upon your death and end when she (or he) dies.
- The survivor's annuity will be 55% of the reduced annuity you receive.
- If you choose this type, you will have to undergo a medical examination which will be arranged by the Director of Personnel at no cost to you.
- If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

6 Apr 1970

(DATE)

/s/ John C. Caranci

(SIGNATURE OF APPLICANT)

I. FOR OFFICE OF PERSONNEL USE ONLY

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